

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



June 6, 2006

ALL-COUNTY INFORMATION NOTICE NO. I-41-06

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FOOD STAMP COORDINATORS

SUBJECT: REVISED 285 A3 QR (YOUR RIGHTS AND RESPONSIBILITIES) AND
TEMP NA 1232 (FOOD STAMP NOTICE OF ACTION – EBT ACCOUNT)

This All County Information Notice (ACIN) transmits the revised DFA 285 A3 QR, which is used to inform Non-Assistance Food Stamp (NAFS) recipients of their rights and responsibilities under the Food Stamp Program (FSP). Language has been added to the notice to define the food stamp work requirements that must be met by NAFS recipients. These work requirements consist of the food stamp work registrant requirements, which are cited in the Manual of Policies and Procedures (MPP) Section 63-407.4, and the Able-bodied Adult Without Dependents (ABAWD) work requirements at MPP Section 63-410.

The addition of language to the DFA 285 A3 QR is essential to ensure that NAFS recipients are adequately informed of the work requirements that must be met as a condition of food stamp eligibility. The new text is found in the last two paragraphs on page two of the form and summarizes the substance of work requirements, exemptions, and penalties for failing to comply.

This ACIN also transmits the revised TEMP NA 1232. This notice is used to advise clients that their food stamp EBT account is deactivated because benefits have not been used and to inform clients when their account has been reactivated. Language is added to the TEMP NA 1232 to clarify that the client's eligibility to Food Stamp benefits, as well as cash aid and Medi-Cal benefits, has not changed. Also, the State regulation cited was revised to reflect the current applicable regulation at MPP Section 16-120.

Camera Ready Copies and Translations

For a camera-ready copy of English forms, contact the Forms Management Unit at (916) 657-1907. If your office has Internet access, you may obtain these forms from the CDSS web page at:

http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm

When all translations are completed per MPP 21-115.2, including Spanish forms, they are posted on an ongoing basis on our web site. Copies of the translated forms and publications can be obtained at: www.cdss.ca.gov/cdssweb/formsandPu_274.htm. For questions on translated materials, please contact Language Services at (916) 651-8876.

If you have any questions regarding the DFA 285 A3 QR, please contact Robert Nevins at (916) 654-1408. For questions regarding TEMP 1232, please contact Nancy Yee at (916) 654-1065.

Sincerely,

Original signed by

RIGHTON YEE, Chief
Food Stamp Branch

Attachments

FOOD STAMP NOTICE OF ACTION EBT ACCOUNT

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

ADDRESSEE

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Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

ACCOUNT DEACTIVATED

OUR RECORDS SHOW THAT YOU HAVE NOT USED YOUR FOOD STAMP ELECTRONIC BENEFIT ACCOUNT FOR OVER 45 DAYS.

- ☐ If you do not use your food stamp benefit card by _____, the county will stop access to your electronic food stamp benefits. You can stop this action by using your food stamp benefit card.

OUR RECORDS SHOW THAT YOU HAVE NOT USED YOUR FOOD STAMP ELECTRONIC BENEFIT ACCOUNT FOR OVER 90 DAYS.

- ☐ On _____, the county stopped access to your food stamp benefits. Call your County Worker to activate your electronic food stamp benefit account again.

IF YOU HAVE NOT USED YOUR FOOD STAMP ELECTRONIC BENEFIT ACCOUNT FOR NINE MONTHS, YOUR BENEFITS WILL BE REMOVED AND CAN NOT BE RESTORED.

ACCOUNT REACTIVATED

- ☐ On _____, the county started access to your food stamp electronic benefit account.

If you have lost your card call 1 - 877 - 328-9677. If you need help using your EBT card, call your county worker.

This Notice:

- Does not change your eligibility to benefits;
- Does not change your responsibility to report changes that affect your eligibility; and
- Does not change your cash aid or Medi-Cal benefits. if these benefits change, you will get a separate notice.

Rules: These rules apply: You may review them at your welfare office. MPP 16-120.

YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

While You Wait for a Hearing Decision for:

Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

OTHER INFORMATION

Medi-Cal Managed Care Plan Members: The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

Child and/or Medical Support: The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

OR

- **Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.**

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

HEARING REQUEST

I want a hearing due to an action by the Welfare Department of _____ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) _____

Here's Why: _____

- ☐ **If you need more space, check here and add a page.**
- ☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: _____

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

- ☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

FOOD STAMP BENEFITS YOUR RIGHTS AND RESPONSIBILITIES

When you apply for food stamp benefits, you have rights and responsibilities. Your most important right is to be treated fairly without regard to race, color, national origin, political beliefs, religion, gender, age or disability. If you think you have been discriminated against, you may file a complaint by:

1. Contacting your county's civil rights coordinator;
2. Calling 916-654-2107 or 1-866-741-6241 (toll free);
3. For the hearing or speech-impaired,
1-916-654-2098 (TDD); or,
4. Writing to:

**California Department of Social Services
Civil Rights Bureau, MS 15-70,
P.O. Box 944243
Sacramento, CA 94244-2430**

or if you get Food Stamps only, write to:

**USDA
Director, Office of Civil Rights
Room 326-W, Whitten building
1400 Independence Avenue, S.W.
Washington, D.C. 20250-9410**

or call

YOUR RIGHTS

(202) 720-5964 (voice and TDD)

As a food stamp applicant or recipient, you have the right:

- To get help to filling out your application or any other food stamp form.
- To ask for translated forms and notices if you don't read English.
- To be treated with courtesy, consideration and respect.
- To ask for oral interpretation of forms and notices if translated forms and notices are unavailable.
- To be interviewed promptly by the county when you apply and to have your eligibility determined within thirty (30) days.
- To have the face-to-face interview waived if you are unable to appoint an Authorized Representative and no household member is able to go into the Food Stamp office because everyone is 65 years old and over or physically disabled and no one has earned income.
- To have the face-to-face interview waived if you have a hardship and cannot get to the Food Stamp office.
- To discuss your case with the county and to review your case yourself when you request to do so.
- To be told the rules for getting emergency food stamp benefits. If the county thinks you might be eligible, you will get an interview immediately and food stamp benefits within three (3) days.
- To ask to have your Food Stamp I.D., authorization document, or issuance card, or food stamp benefits replaced if lost in the mail, damaged, stolen or destroyed. EBT food stamp benefits are not always replaced; when the EBT card is not reported lost/stolen or benefits are spent by the authorized representative.
- To get written notice when your application is approved, denied, or when your benefits change or stop.
- To have your records kept confidential by the county and state, unless there is an outstanding felony arrest warrant issued for you, or as otherwise provided by law.
- To file a complaint or to ask for a state hearing within ninety (90) days of any action if you think the action was wrong. You can write to your County Welfare Department or call toll free 1-800-952-5253 or for the hearing or speech impaired (TDD) 1-800-952-8349.
- To be represented at a state hearing by yourself or by a household member, friend, attorney, or other person of your choice. You may get free legal help at your local legal aid office or welfare rights group.

YOUR RESPONSIBILITIES

As a food stamp applicant or recipient, you are responsible for meeting the following requirements:

- **Fingerprint and photo imaging.** California has a rule that says that everyone who is required to be fingerprinted and photo imaged must have their photo and fingerprint image taken in order for your household to receive food stamp benefits. If someone in your household who is required to be photographed or finger imaged refuses to do so, your household will not be able to get food stamp benefits. These images are confidential and can only be used to prevent or prosecute welfare fraud.

YOUR RESPONSIBILITIES (Continued)

- **Citizenship/Immigration Status.** You must sign under penalty of perjury that each member applying for food stamp benefits is a U.S. citizen or U.S. national. If someone in your household is not a citizen, you will need to provide verification of his or her immigration status. Information you give us on immigration status will be checked with the U.S. Citizenship and Immigration Services (USCIS), but it will only be used to determine food stamp eligibility. Information about immigration is private and confidential.

You can apply for and get food stamp benefits for eligible family members, even if your family includes other members who are not eligible because of immigration status. For example, immigrant parents may apply for food stamp benefits for their U.S. citizen or qualified immigrant children, even though the parents may not be eligible for benefits. You do not have to provide immigration information or documents for any family members who are not eligible for food stamp benefits and who are not asking for food stamp benefits. Getting food stamp benefits will not affect your immigration status or the immigration status of your family.

- **Social Security Number.** You must provide the Social Security Number (SSN) for everyone in your household who is applying. Anyone who does not give a SSN or proof of application for an SSN will not be able to get food stamp benefits.

The SSN(s) will be used in a computer match to check your income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. SSN(s) will also be matched with law enforcement agencies. Differences may be checked out with employers, banks or others.

- **Verification.** If your worker asks for proof of a fact you give, you must provide it or give us the name of some other person or agency we may contact to get it. When you can't get the proof you need, we may be able to help you get it.
- **Reporting.** Every food stamp household must report on their income and household situation. Most households have to report every quarter, but your worker will tell you whether you are a quarterly or change reporting or transitional household.
- **Cooperation.** You must cooperate with county, state and federal staff. You may not get benefits or your benefits may be stopped if you don't cooperate.

PENALTIES AND DISQUALIFICATION

Failing to follow the rules listed in this document can result in an Intentional Program Violation (IPV). The penalties for an IPV are disqualification as listed below, AND you can be fined up to \$250,000 and/or put in jail/prison for up to 20 years. Disqualification means not being able to get food stamp benefits for a period of time. When you are disqualified, the penalties stop your food stamp benefits for:

- 12 months for the first violation,
- 24 months for the second violation and
- forever for the third violation.

These penalties start after a state hearing or court of law finds that an individual committed an IPV. In addition, there are separate penalties for other things you should not do. They are:

- If you are found guilty in any court of law of trading food coupons for controlled substances, food stamp benefits can be stopped for 24 months for the first violation and forever for the second violation.
- If you are found guilty in any court of law of trading food stamp benefits for firearms, ammunition or explosives, food stamps can be stopped forever for the first violation.
- If you sell or trade food stamps worth \$500 or more, food stamp benefits can be stopped forever.
- If you file more than one application at the same time and give false identification or residence information, food stamp benefits can be stopped for ten (10) years.

Also, anyone who is accused of committing an IPV may agree to be disqualified by signing either a Disqualification Consent Agreement or an Administrative Disqualification Hearing Waiver. Anyone who signs one of these documents accepts responsibility to repay any overissuance.

In addition, if you don't report all the facts or give wrong facts to get or keep getting benefits, you can be legally prosecuted with penalties of a fine and/or imprisonment. You may be found to have committed a felony if more than \$400 is wrongly paid out in food stamp benefits because you didn't report all of your facts or changes in income, property or family status.

If your household receives food stamp benefits, you must follow these rules:

- Don't give wrong or incomplete facts to get or keep getting food stamp benefits.
- Don't trade or sell food stamps, Food Stamp Authorization Documents (ADs), or issuance cards.
- Don't alter ADs or issuance cards to get food stamp benefits you are not entitled to get.
- Don't use food stamp benefits to buy ineligible items such as alcoholic drinks or tobacco, paper or cleaning products.
- Don't use someone else's food stamps, ADs or issuance cards for your household.

Food Stamp Work Rules

If you are between the ages of 16 and 60, you may need to meet food stamp work rules. You may be excused from meeting the work rules if you have health problems, care for a child under 6, or have other conditions that make it difficult to participate in work or training activities. Work rules say you must tell us about your work experience, go to a job you are sent to, take a suitable job, and not quit a job or reduce your work to less than 30 hours a week. You may also have to do community service, look for work, or go to school or training. If you don't meet these rules, food stamps may be denied or stopped for one, three, or six months.

Food Stamp Work Rule for Adults Without Children

If you are older than 17 and younger than 50, and you are not in a household with a minor child, you may also need to meet the work rule for adults without children. You do not have to meet this work rule if you are pregnant, live in a household with a minor child, have health problems, or have other conditions that make it difficult to participate in work, school, or training. You must meet the work rule by working or going to school or training for a total of 20 hours a week or by participating in community service for the required number of hours. If you don't meet the work rule for three months during a three-year period without a good reason, food stamps will stop. Food stamps will begin again if you meet the work rule for the required number of hours or if you are excused. If you stop meeting the work rule again for reasons such as layoff, you may receive food stamps for three months in a row without having to meet the rule.

CERTIFICATION

- I certify that I have received copies of “Your Rights and Responsibilities” (DFA 285-A3 QR) and “How to Report Household Changes” (FS 23 QR). I understand my rights and responsibilities. I agree to comply with my responsibilities. I also understand the penalties for giving wrong or incomplete facts and failing to report facts or situations that may affect my eligibility or benefit level for food stamp benefits.
- I also certify that I have received a copy of “Applying for Food Stamp Benefits” (FS 22 QR).

SIGNATURE (ADULT HOUSEHOLD MEMBER OR AUTHORIZED REPRESENTATIVE):

DATE:

SIGNATURE OF WITNESS OR INTERPRETER:

DATE:

I certify that I have informed the applicant/recipient of the above responsibilities and of the possibilities of criminal penalties for intentionally making false statements or failing to report information which affects food stamp eligibility.

SIGNATURE OF INTERVIEWING WORKER:

DATE APPLICATION REVIEWED WITH CLIENT OR AUTHORIZED REPRESENTATIVE:

DFA 285-A3 QR (12/03) IMPORTANT INFORMATION-REQUIRED FORM — NO SUBSTITUTES PERMITTED

- TEAR HERE -

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